- Dr. Meadows part-time
- Phone

Fund scientific research
- all outstanding proposals for research
$1 Billion in research project grants —
Investigator Initiated research —

several million dollars in funding proposals
have flexibility to fund more.

NCI - $134 million new dollars in
97 funds. —

- several million $ this year
on this.
- outstanding

Shalala – Accomplishments

– Human Terms

–

— NIH —

Dr Klausner 10/21

Success of treatment 10 million survivors
Majority have survived >5 yrs, will be cured

side effects of treatment
will they get 2nd cancer
Will it affect their Children

What's the trend

- latest # for 5 yr. survival for breast cancer is 92% — ω
- 1/1000 people ≤50 is a was cured of childhood cancer ~2-00,000 people
- depression; dev't of 2nd cancers; reproductive/fertility probs; 2nd generation problems.
- other challenges
- in order to fulfill our mission — we need not only to diagnose, treat need to provide information that will improved long term quality of life

focus now has been on
- understanding
- prevent
- treating

— will begin to turn its focus —

✓ Will open ~~start~~ NOV 1

✓ Establishing Adv. Group
Nov 4-5 : planning — remarkable

2×10^8
1×10^3 2×10^5

physicians, survivors to map out 200,000
Critical research issues.

200,000 #

~~#500~~ 1/1000 are cured survivors of childhood adults & 50 ~~beta~~ are
~~beta~~ survivors of childhood cancer. —
kids
25 years ago — 40% cured — Now 75-80% —

30)
Dr. Rabsen 496-1927

November 1st — Next Week —

Info system
Modifying PDQ —
— provides Drs — up to date treatment
— update on follow-up data
— long term side-effects
— surveillance

• Have begun to build.

Ellen Stovall

Marine Corps Marathon

[redacted]

Office of Cancer Survivorship

- budget
- phone
- staff

President further promotes it about their being a

- 25 years after the signing of the national cancer Act - signing [commitment/radar

- Survivor" word survivor

reason to talk about it
measure of progress - 1/250 adults in the year 2000 btw 18 and 40 will be a survivor an adult survivor of child hood cancer.

- infertile
- preexisting condition
- President has taken steps to ensure them health and wellbeing
  - strong support of health care reform

- Dr. Klausner
- Others, signed by cancer —

Bright
Bright yellow
royal blue

- K-K elimination of preexisting conditions
- Office of Cancer

Breast Cancer outspoken advocates

"Survivor, Survivorship"

NBCancer Coalition —
- don't want to emphasize how many people have survived
- want to ~~have~~ emphasize that people

- pain and suffering - friends family loved ones — everything from appropriations this year. —

- Ribbon of Hope
  - In honor of / in memory of people whose lives have been touched by cancer.

- MB. Dole just signed it. —

Office of Cancer Survivorship.

Klausner 10/10

A BRIDGE TO THE FUTURE OF CANCER TREATMENT

IMPACT OF CANCER ON SOCIETY

- More than any other disease, Americans fear cancer, a term that encompasses more than 100 different diseases. This year nearly 1.4 million people in the United States will be diagnosed with cancer, and more than 550,000 people will die of cancer--more than 1,500 people a day. One of every five deaths in the United States is from cancer.

- Twenty-five years ago, the United States declared war on cancer and enacted the National Cancer Act of 1971. It was clear then that cancer would not go away by itself, and that its terrible human toll could only get worse without a concerted national effort to control the disease.

IMPACT OF RESEARCH ON CANCER

- Since 1971, scientists have discovered the causes of many cancers and they have proven that cancer can be curable. Today, more than 10 million of our family members, friends, neighbors, and coworkers owe their lives to cancer research. And seven million of them are long-term survivors.

- Cancer survivors are alive today because 25 years of research in prevention, diagnosis, and treatment methods have given doctors better information and tools to deal with the diseases.

- America's youth have received the most benefit from this country's investment in cancer research. Scientists have been instrumental in developing better treatments. Thanks to the hard work and vision of these individuals, most cases of childhood leukemia are now curable. Death rates from children's cancers have declined by more than 62 percent. This was only a dream 25 years ago.

- Cancer research also made possible dramatic improvements in the survival rate of adults. The death rate for testicular cancer, for example, has declined 66 percent and now has a five-year survival rate of 95 percent. And Hodgkin's disease, which can strike young adults in the prime of their lives, was once one of the most feared cancers. Today, the majority of Hodgkins's disease patients can be successfully treated, and most of them are cured. The cancer death rates are falling for major cancers such as colon and rectum cancers, breast cancer, pancreas cancer, leukemia, stomach cancer, ovarian cancer, and cancer of the uterus.

- But most importantly for the future, research has identified the genes that make cancers grow, and the genes that prevent the growth of cancer cells. All of this new information provides a bridge to the 21st century.

FORWARD TO THE 21ST CENTURY

Now, we begin to look forward to the 21th century, assured that the research of the 20th century is laying a solid foundation for our future. You can look forward to:

- **New technologies.** The National Cancer Institute is beginning a new set of initiatives to allow us to finally know the nature of each cancer. If we know what a cancer is we can stop it before it starts. New approaches to diagnosis will take advantage of the tremendous gains in knowledge of the past 25 years about why a cell divides or dies or becomes a cancer. Soon we will know every gene that contributes to cancer. Coupling this knowledge with new technology will allow us to determine the fingerprint of a tumor in just minutes. Upon the solid foundation of that knowledge, the National Cancer Institute is building a bridge to the medicine of our future, a future that will let the doctor examine the tumor's fingerprint in much the same way that a detective studies the fingerprints and other evidence left at the scene of crime. Laboratory tests of the future will examine the fingerprint of the cancer, to see which genes, gene products, and interactions within the cell have led to the development of your cancer. With this knowledge, doctors will help patients select treatments designed to act against the character of a particular tumor.

- **Better treatments.** Imagine a virus that only grows in cancer cells. This virus would infect and kill tumor cells without harming normal cells. These and other creative potential cancer treatments have names like immunotoxins, antisense technologies, and oncolytic viruses. Science fiction? These approaches are already being studied, in clinical trials supported by the National Cancer Institute, to replace today's cancer treatments, which are like shotgun blasts, catching healthy cells in the crossfire. This fact accounts for the side effects of many cancer therapies. Treatments of the 21st century will specifically target the cancer cells of an individual patient. New drugs are already being tested in cancer patients. New information systems will link together research information from doctors all over the country who are working on new cancer treatments. The doctors will be able to share information and answer questions more quickly than ever before.

- **Greater Access to the Benefits of Research.** Cancer patients want access to the best, newest treatments available, and the National Cancer Institute has established a model initiative with the Department of Defense, to refer military families into medical studies when that is the appropriate treatment choice for patients. Another agreement, with the Veterans Administration, will strengthen the information and treatment choices for patients who are veterans, and help bring the discoveries of medical research to all..

- **Society Working Together.** The National Cancer Institute has spearheaded partnerships within all segments of our society to address the cancer problem and

maake the discoveries available to everyone. People from all sectors of society, teachers, businesses, government, scientists, doctors and nurses and advocacy organizations, will work together to confront issues like tobacco control, cancer care, government regulations that control environmental toxins, and many other societal issues.

The National Cancer Program is an investment in hope.

THE WHITE HOUSE

WASHINGTON

National Breast Cancer Awareness Month, 1996

By the President of the United States of America

A Proclamation

Each year we set aside the month of October as a time to assess the toll that breast cancer takes on our society and the progress we have made in our battle to overcome it. For those of us who have lost loved ones to this disease—mothers, wives, daughters, sisters, and friends—the battle holds special urgency.

Breast cancer remains the second leading cause of all deaths among women ages 40 to 55. In 1996, a woman will die from breast cancer every 12 minutes, and 184,300 women in the United States will be diagnosed with the disease. Every one of these diagnoses changes not only that woman's life, but the lives of all who love and care for her.

We have embarked on an all-out assault to combat this threat. The Federal Government has nearly doubled funding for breast cancer research, detection, and treatment since 1993, from $271 million to $476 million in the Department of Health and Human Services alone. And in response to requests from 2.6 million of our Nation's citizens, we launched the National Action Plan on Breast Cancer, an innovative public-private partnership to develop a national strategy for prevention, education and care.

We can be proud of the progress we are making in the fight against breast cancer. During the most recent 5-year period for which data are available (1989-1993), age-adjusted mortality rates for white women fell almost 6 percent. Although mortality rates among African American women are still increasing, the rate of increase has slowed to 1 percent, compared to 16 percent during the 1980's.

One of our most successful weapons in the fight against breast cancer is early detection. The new Mammography Quality Standards Act now ensures that every woman who obtains a mammogram to detect breast cancer in its earliest, curable, stages can be certain that facilities meet the highest quality standards for equipment and personnel. We are implementing the National Breast and Cervical Cancer Early Detection Program to make free or low-cost mammography available to medically under-served women. The First Lady launched an education campaign to inform and encourage older women to use Medicare's mammography screening benefit. And to improve early detection, we are transferring imaging technologies from the space, defense, and intelligence communities.

I urge women throughout our nation to have appropriate mammograms, to perform routine self-examination, and to take advantage of the latest in preventive medical care. Armed with this commonsense approach and the promising advances in research and treatment, we can look forward with confidence to the day when breast cancer is finally eradicated.

NOW, THEREFORE, I, WILLIAM J. CLINTON, President of the United States of America, by virtue of the authority vested in me by the Constitution and laws of the United States, do hereby proclaim October 1996 as National Breast Cancer Awareness Month. I call upon government officials, businesses, communities, volunteers, educators, and all the people of the United States to celebrate the successes we have had in advancing our knowledge of breast cancer, and to reaffirm our commitment to continue to work together to fight this disease.

IN WITNESS WHEREOF, I have hereunto set my hand this third day of October, in the year of our Lord nineteen hundred and ninety-six, and of the Independence of the United States of America the two hundred and twenty-first.

William J. Clinton

Fax Transmittal

Office of Cancer Communications
Office of the Associate Director

NATIONAL CANCER INSTITUTE

Building 31, Room 10A31
Bethesda, Maryland 20892

301-496-6631
Fax 301-402-4945

Date 10/24/96

To Elizabeth Drye

Fax Number (202) 456-7028

From John Bucklow

Cover Sheet plus 2 Pages Transmitted

Message

Survivorship release

Answers to your questions:

① Time frame - The 5 year period from 1989 thru 1993

② Time frame - 1973 - 1992 (both years inclusive add up to 20 years)

October 27, 1996

NCI Press Office
Caroline McNeil
(301) 496-6641

National Cancer Institute Establishes New Office of Cancer Survivorship

The National Cancer Institute announced the creation of a new office to foster research on the issues that face the 10 million Americans now recovering from cancer and living as cancer survivors. The new Office of Cancer Survivorship will study issues related to the physical, psychological, and economic well-being of individuals following cancer treatment.

"We need to look at questions beyond prevention and beyond the diagnosis and treatment of cancer, and deal with the many research issues that survivors of cancer face in their daily lives so that there will be a better quality of life for all," said NCI Director Richard D. Klausner, M.D.

The Office of Cancer Survivorship, which will be headed by Anna T. Meadows, M.D., of Children's Hospital in Philadelphia, will support research covering the entire spectrum of concerns facing cancer survivors, including:

- long-term medical and psychosocial effects of cancer treatment
- factors that predispose survivors to second malignancies
- reproductive problems following cancer treatment
- insurance and employment issues unique to cancer survivors

Although cancer remains among the worst fears of Americans, it is becoming increasingly clear that is not the "death sentence" that it once was. Of the 10 million cancer survivors in the United States, 7 millon are long-term survivors, having had cancer diagnosed more than 5 years ago.

To activate the office, the NCI has invited experts from the scientific community, as well as

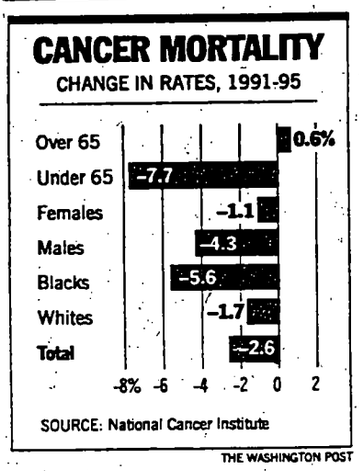
members of advocacy groups representing survivors, to participate in a meeting on November 4 and 5, 1996, to help set a research agenda for cancer survivorship.

Dr. Klausner said this research will have a high priority at NCI, and that the Institute hopes to fund all of the research proposals in this field that are rated outstanding. The financial investment needed will be uncertain, but Dr. Klausner estimated that several million dollars would be committed the first year. The funds would be available because of an increase in NCI's appropriation for 1997.

In establishing the office, the NCI recognized the growing number of cancer survivors and the need for a "home" within the NCI for research related to survivorship. "We know that recovering from cancer and living as a cancer survivor are in themselves challenging," said Dr. Meadows. "This office provides the focus for issues that concern survivors and their caregivers."

The overall goal of the NCI is to reduce the burden on all Americans. "The burden of a cancer diagnosis does not end when treatment is completed," Dr. Klausner said. "The Office of Cancer Survivorship provides the opportunity, on a national level, to explore the important issues facing survivors and their caregivers through excellent scientific research."

NCI will continue to support survivors through its outreach and communications programs, and to mount additional programs for health professionals. For example, NCI's Cancer Information Service is touching and helping survivors in every area of the country. Each year NCI responds to calls for help from 437,000 survivors or their family members, and distributes more than 10 million publications to survivors to help them cope with their illness and the other issues they must face. PDQ, the NCI comprehensive cancer information database, will expand this communications effort with a $200,000 project to augment the database to help health professionals deal with issues of supportive care and survivorship.



Death Rates From Cancer Are Falling

Health Precautions, Early Detection Cited

By Curt Suplee
Washington Post Staff Writer

For the first time this century, cancer death rates have begun to decline steadily, according to two new studies, and the trend may be accelerating. As a result, leading experts predicted yesterday, mortality rates from all forms of cancer could decrease by 15 percent to 50 percent within the next 20 years.

The cancer mortality rate—the percentage of the U.S. population that dies from cancer each year—peaked at the beginning of this decade after increasing every year since the 1930s, when nationwide records were first collected systematically, researchers found. Beginning in 1991, the cancer mortality rate has dropped annually from a 1990 high of about 135 deaths a year per 100,000 people to 130.8 per 100,000 in 1995.

That does not necessarily mean that the total number of Americans dying of cancer will diminish in the near future. That is because the size of the U.S. population is increasing and the elderly—who are more prone to many cancers—make up an ever larger proportion of society. In addition, the incidence of cancer—the number of people being diagnosed with cancer—has continued to increase slightly, for reasons that are largely unknown.

Nonetheless, in the short term, the fall in the death rate means that at least 12,000 and possibly as many as 16,000 Americans will survive cancer this year who would have died if the rates were the same as they were in 1990, according to Harmon J. Eyre, chief medical officer of the American Cancer Society.

Experts attributed the dropping mortality rate in large part to the decrease in smoking, although a drop in drinking, exposure to the sun, and exposures to chemicals in the workplace also played a role. In addition, improved early detection methods and new medical treatments have improved cancer survival rates, they said.

"We see this as a real triumph in a long and incredibly intense struggle to reduce the burden of cancer," said National Cancer Institute Director Richard D. Klausner.

The new findings arise from two independent but complementary studies by academic researchers and NCI staff.

Philip Cole and Brad Rodu of the University of Alabama at Birmingham, whose analysis is being published in Friday's issue of the ACS journal Cancer, conclude that total mortality rates from all forms of cancer hit a plateau in 1990, and fell by about 3.1 percent from 1990 to 1995. That means a drop in death rates of about 4.2 cases per hundred

See CANCER, A4, Col. 1

CANCER, From A1

thousand person-years—about 40 percent of which, they determined, is attributable to decreases in lung cancer fatality.

Cole and Rodu based their conclusions on examination of three nationwide data sets: the federal government's Vital Statistics of the United States; the Center for Disease Control and Prevention's monthly mortality reports; and fatality information from NCI's broad-based national surveillance program.

While Cole and Rodu were preparing their report, NCI researchers involved in a separate review of national cancer fatality figures were coming to a similar conclusion. NCI's final report is due in 1997. But in a summary released yesterday, NCI stated that it, too, had discerned an approximately 3 percent drop in death rates from 1990 to 1995.

Most of it, the summary said, "is due to declines in lung, colorectal and prostate cancer deaths in men, and breast, colorectal and gynecologic cancer deaths in women."

Statistically, African Americans benefited most from the mortality-rate improvements, NCI found. From 1991 to 1995, the overall cancer death rate among white Americans dropped by 1.7 percent. But the mortality rate for all cancer sites combined declined 5.6 percent among blacks, in sharp contrast to an 18.3 percent rise in the rate between 1971 and 1990, the NCI found. Much of that reduction "is due to a 10 percent decline in lung cancer deaths among black men, which account for one-third of all cancer deaths in black men," the NCI stated.

The NCI researchers noted that the death rate for certain cancers and certain groups have continued to increase despite the overall decline. In men, mortality from lymphatic cancers has risen, for example; so have lung cancer deaths in women aged 65 and older.

Representatives of the ACS, NCI and CDC have scheduled a joint news conference for 9:30 this morning at the National Press Club to announce the findings and to call for more aggressive coordination among government, the private sector and volunteer groups.

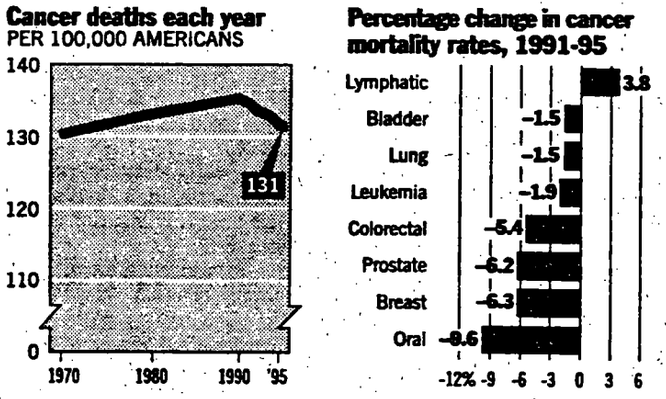
Eyre of the ACS said that skeptics have downplayed the significance of the results, arguing that a decline in mortality rate of 0.5 percent to 2 percent per year is "pretty small" and that people who escape death by cancer will, inevitably, die of something else. Those views, he said, are misleading.

"There will always be a leading cause of death. The question is: At what age do people die, and how much premature life is lost due to the disease?" Unlike heart attacks and stroke, which tend to occur late in life, "cancer arises at different stages of life, affecting more people in their forties and fifties than cardiovascular disease and so accounts for more years of life lost," he said.

So "when cancer as a group of diseases is eliminated, the population will live longer with a better quality of life."

TRACKING THE TREND

Two separate studies show a steady decline in the mortality rate from cancer for the first time in U.S. history. Experts expect the trend to continue.



The Washington Post
THURSDAY, NOVEMBER 14, 1996

The Washington Post
THURSDAY, NOVEMBER 14, 1996

2/2

INTERNATIONAL FORCE TO THE RESCUE

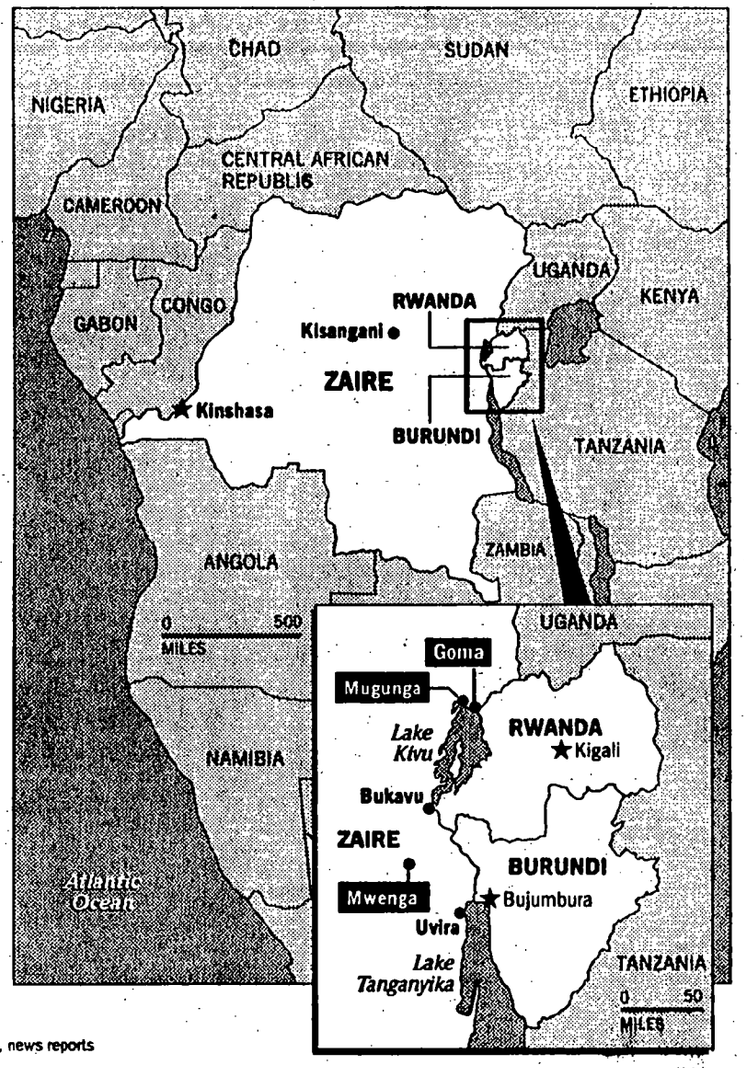
A Canadian-led international force of more than 15,000 troops, including Americans, may go to Zaire soon to secure operations by aid organizations that are trying to feed Hutu refugees and help them return to Rwanda.

TROUBLE SPOTS

Goma: A city of 80,000 now controlled by Zairian Tutsi rebels who captured it as well as Bukavu and Uvira two weeks ago. The international force may fly into Goma airport and secure a road leading to the Rwandan border, to open a corridor for the safe return of refugees.

Mugunga, the remaining refugee camp in Zaire, has become the center of Hutu militants. About 500,000 Hutu refugees are now concentrated there, including many who fled camps farther south. Another 300,000 refugees, who fled other camps, are stranded without aid along a road about six miles south of Mugunga.

Mwenga: About 250,000 refugees are stranded near this town after fleeing fighting that began three weeks ago. Other refugees who fled the clashes are wandering the roads and countryside of Zaire; some have reached Uganda.



SOURCES: The International Institute of Strategic Studies, news reports

ZAIRIAN ARMY

Poorly trained, ill-equipped and often unpaid, Zaire's 49,000-man regular army has largely had to go its own way in recent years. In the absence of support from the central government in Kinshasa, soldiers have relied on shakedowns and occasional looting to support themselves, particularly in the east. A separate force, Zairian leader Mobutu Sese Seko's Presidential Guard, is better disciplined but is loyal only to Mobutu, who is in Europe recovering from cancer surgery.

RWANDAN ARMY

Until July 1994, the present Rwandan army was a Tutsi-led rebel force, the Rwandan Patriotic Army, based in Uganda. Following the 1994 massacres of Tutsis and moderate Hutus by a militant Hutu Rwandan government, the rebels routed Rwanda's Hutu army and militias and installed a new government. Battle-hardened and relatively well equipped, the force, estimated at 40,000 troops, is led by Maj. Gen. Paul Kagame, who was trained in the United States and is considered a skilled tactician. The army has been plagued, however, by guerrilla attacks by Hutu refugees in Zaire and accused of reprisal killings following the 1994 genocide.

ZAIRIAN REBELS

The rebel force that has been fighting Zairian army troops since at least September—and is now battling armed Hutu refugees—appears to be primarily composed of ethnic Tutsis. Tutsis have been in what is now eastern Zaire since the 18th century. In 1981, Zaire revoked their citizenship rights, and the Tutsis have since taken up arms against the central government. The rebels' leaders say their movement also embraces members of other ethnic groups and from other regions, seeking to overthrow Zairian leader Mobutu Sese Seko. But the force's battlefield success, along with the fact that its attacks have cleared out Rwandan Hutu refugee camps, have led to accusations by Zaire that the rebels are backed by the Tutsi-led government of Rwanda, and possibly by Burundi as well.

HUTU REFUGEES

An estimated 1.1 million Rwandan Hutus fled to Zaire after the Rwandan Patriotic Army ousted the Hutu-led Rwandan government that carried out the 1994 genocide. They set up about 40 camps near Goma and along the Rwandan and Burundi borders. The camps have served as havens for former political and military leaders who orchestrated the genocide, and they have staged sporadic guerrilla raids against the Rwandan government.